

## DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor. I hereby declare that:

is attached hereto.

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMBINATION THERAPY FOR TREATMENT OF FIV INFECTION the specification for which

was filed May 28, 1999, as PCT International Application No. PCT/US99/11940.

any amendment referred to		ntents of the above-identified specification, i	ncluding the claims, as amended by
I acknowledge the duty to of Federal Regulations, §1		naterial to the patentability of this application	n in accordance with Title 37, Code
inventor's certificate listed		inited States Code \$119 and/or \$365 of any dany foreign application for patent or invent:	
Application Serial No.	Country	Filing Date	Priority Claimed
I hereby claim priority ben	efits under Title 35, United Sta	tes Code §119 of any provisional application	n(s) for patent listed below:
Application		Filing Date	Priority Claimed
<u>Serial No.</u> 60/087,281		May 29, 1998	Yes
I hereby claim the benefit u		e, §120 and/or §365 of any United States app n is not disclosed in the prior United States ap	
as the subject matter of eacl by the first paragraph of Tit	le 35, United States Code, §112 ons, §1.56(a) which became available.	, I acknowledge the duty to disclose material ailable between the filing date of the prior a	information as defined in Title 37,

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Doran R. Pace, Reg. No. 38.<del>261; Chr</del>istine Q. McLeod, Reg. No. 36,213; Jay M. Sanders, Reg. No. 39,355; James S. Parker, Reg. No<u>. 40,119; Je</u>an Kyle, Reg. No. 36,987; Frank C. Eisenschenk, Reg. No. 45,332; Şeth M. Blum, Reg. No. 45,489; Glenn P. Ladwig, Reg. No. 46,853.

I request that all correspondence be sent to:

Doran R. Pace Saliwanchik, Lloyd & Saliwanchik 2421 N.W. 41st Street, Suite A-1 Gainesville, FL 32606-6669

I further request that all telephone communications be directed to:

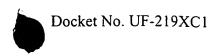
Doran R. Pace 352-375-8100

•			Docket No. UF-219XC
Name of First or Sole	Inventor Ben M.	Dunn	
Residence Gainesv	ille, Florida . PL	- Citizenship	United States
Post Office Address	College of Medicin	e, Health Scier	nce Center, P.O. Box 100245
	Gainesville, FL 32	610-0245	
		_ Date	Benm. Wurn
Signature of First or S	Sole Inventor		
******	******	*****	*********
Name of Second Join	Inventor Janet K.	Yamamoto	2-W
Residence Gainesvi	lle, Florida FL	Citizenship	United States
Post Office Address	University of Floric 110880	la, College of V	Veterinary Medicine, P.O. Box
	Gainesville, FL 32	611-0880	
		Date	
Signature of Second J	oint Inventor		
******	******	*****	*********
Name of Third Joint I	nventor Maki Ar	ai	300
Residence Gainesvi	lle, Florida	Citizenship	United States
Post Office Address	University of Florid	a, College of V	Veterinary Medicine, P.O. Box
	Gainesville, FL 326	10	<u> </u>
		Date	
Signature of Third Joi	nt Inventor		
******	******	*******	*********
Name of Fourth Joint	Inventor		
Residence		Citizenship	
Post Office Address			

Date

Signature of Fourth Joint Inventor





Name of First or Sole	Inventor Ben M. Dunn
Residence Gainesvil	le, Florida . Citizenship United States
Post Office Address	College of Medicine, Health Science Center, P.O. Box 100245
•	Gainesville, FL 32610-0245
•	Date
Signature of First or So	ole Inventor
•	****************
Name of Second Joint	Inventor Janet K. Yamamoto
Residence Gainesvii	le, Florida Citizenship United States
Post Office Address	University of Florida, College of Veterinary Medicine, P.O. Box 110880
0	Gainesville, FL 32611-0880
Charl X. 2	amamt Date 3/19/01
Signature of Second Jo	pint Inventor
	*****************
Name of Third Joint In	ventor Maki Arai
Traine of Time Joint In	ventor iviani ruar
Residence Gainesvil	le, Florida Citizenship United States
Post Office Address	University of Florida, College of Veterinary Medicine, P.O. Box 100145
	Gainesville, FL 32610
maki (	na Date 3/16/01
Signature of Third Join	at Inventor
******	*****************
Name of Fourth Joint I	nventor
Residence	Citizenship
Post Office Address	
_	
	Date



## DECLARATION (37 CFR 1.63) AND POWER OF ATTORNEY

As a below-named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name; and

I believe that I am the original, first, and sole inventor (if only one name is listed below), or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled COMBINATION THERAPY FOR TREATMENT OF FIV INFECTION the specification for which

	is attached hereto.		
×	was filed <u>May 28, 1999</u> ,	as PCT International Application No. $\underline{P}$	<u>CT/US99/11940</u> .
I hereby state that I hav any amendment referred		ents of the above-identified specification,	including the claims, as amended b
l acknowledge the duty of Federal Regulations,		terial to the patentability of this application	on in accordance with Title 37, Cod
inventor's certificate lis		ited States Code §119 and/or §365 of any any foreign application for patent or inve	
Application Serial No.	Country	Filing Date	Priority Claimed
I hereby claim priority l	penefits under Title 35, United State	es Code §119 of any provisional application	on(s) for patent listed below:
Application Serial No.		Filing Date	Priority Claimed
60/087,281	,	May 29, 1998	Yes
as the subject matter of e by the first paragraph of	ach of the claims of this application Title 35, United States Code, §112, ations, §1.56(a) which became available.	§120 and/or §365 of any United States ap is not disclosed in the prior United States a I acknowledge the duty to disclose materi lable between the filing date of the prior	pplication(s) in the manner provide al information as defined in Title 37
Application Serial No.		Filing Date	Status (patented, pending, abandoned

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the following persons registered to practice before the Patent and Trademark Office as my attorneys with full power of substitution and revocation to prosecute this application and all divisions and continuations thereof and to transact all business in the Patent and Trademark Office connected therewith: David R. Saliwanchik, Reg. No. 31,794; Jeff Lloyd, Reg. No. 35,589; Doran R. Pace, Reg. No. 38,261; Christine Q. McLeod, Reg. No. 36,213; Jay M. Sanders, Reg. No. 39,355; James S. Parker, Reg. No. 40,119; Jean Kyle, Reg. No. 36,987; Frank C. Eisenschenk, Reg. No. 45,332; Seth M. Blum, Reg. No. 45,489; Glenn P. Ladwig, Reg. No. 46,853.

I request that all correspondence be sent to:

Doran R. Pace Saliwanchik, Lloyd & Saliwanchik 2421 N.W. 41st Street, Suite A-1 Gainesville, FL 32606-6669

I further request that all telephone communications be directed to:

Doran R. Pace 352-375-8100

ntor Ben M. D				
Florida	Citizenship	United States		
llege of Medicine,	Health Science	ce Center, P.O. Box 100245		
inesville, FL 326	10-0245			
	Date			
nventor				
*********************				
Name of Second Joint Inventor Janet K. Yamamoto				
Florida	Citizenship	United States		
iversity of Florida 0880	, College of V	eterinary Medicine, P.O. Box		
nesville, FL 326	11-0880			
	Date			
Inventor				
******	*****	*********		
tor <u>Maki Ara</u>	i			
lorida	Citizenship	United States		
iversity of Florida 0145	, College of V	eterinary Medicine, P.O. Box		
-		eterinary Medicine, P.O. Box		
0145				
0145	0	eterinary Medicine, P.O. Box		
nesville, FL 32610	0 Date			
inesville, FL 32610 ventor	0 Date			
nesville, FL 32610 ventor *********	0 Date	********		
inesville, FL 32610 ventor ************************************	Date  *******  Citizenship	*********		
inesville, FL 32610 ventor ************************************	Date  *******  Citizenship	*********		
	nventor Idege of Medicine, Inesville, FL 326 Inventor Identity of Florida Identity of Florida Inesville, FL 326 Inventor Inventor Inventor Inventor Inventor Inventor Identity of Maki Ara	Date  Inesville, FL 32610-0245  Date  Inventor  Inventor  Inventor  Inversity of Florida, College of Versity of Florida, Col		

Signature of Fourth Joint Inventor